

## Requesting Access to the North Dakota Immunization Information System (NDIIS)

- *Before any user submits a request for access to the NDIIS, please make sure your facility has a current NDIIS Provider Site Agreement on file. The Site Agreement designates a Site Administrator who is responsible for approving access for any new users. If there is no site agreement for your facility or the Site Administrator is no longer correct, the new user's access cannot be completed.*
- *The Provider Site Agreement can be found on the [NDIIS website](#).*
- *Questions about your facility and completed agreements can be submitted to the NDIIS team at [NDIIS@nd.gov](mailto:NDIIS@nd.gov).*

Any fields with a \* are required and must be completed in order to submit the request for access.

1. Enter the name and address of your provider location.

**Registration Form**

Site Demographics

Site Name *	<input type="text"/>		
Address Line 1 *	<input type="text"/>		
Address Line 2	<input type="text"/>		
City *	<input type="text"/>		
State *	<div>North Dakota</div>	Zip Code *	<input type="text"/>

2. The Primary Contact information should be the site administrator<sup>1</sup> for your provider site. This is the person who is authorizing you to have access to the NDIIS under the provider location entered above.
  - a. Make sure to enter a valid email address for the Primary and Other contacts so that the NDIIS Support team can contact them for the appropriate user verification.

#### Primary Contact

*The Primary Contact is the person authorizing user(s) access to NDIIS*

First Name *	<input type="text"/>		
Last Name *	<input type="text"/>		
Phone *	<input type="text" value="( ) -"/>	Extension	<input type="text"/>
Email Address *	<input type="text"/>		

3. Click the **Add User** button to enter the new user information.

#### User Information

Click on "Add User" below to get started. You must add at least one user.

Add User

4. Enter the first and last name, phone number and email address for the new user.

#### User Information

If you would like to register more than one user, click Save then click "Add User" again.

First Name *	<input type="text"/>		
Last Name *	<input type="text"/>		
Phone *	<input type="text" value="( ) -"/>	Extension	<input type="text"/>
Email *	<input type="text"/>		

<sup>1</sup> Before users will be approved for NDIIS access, the NDIIS support team will contact the provider's site administrator to verify the user is employed by the provider site and that their role is appropriate to have NDIIS Access. The site administrator is designated on the Provider Site Agreement.

5. Enter the NDIIS provider pin name and pin number
  - a. The *ND State Immunization Number* is the 5-digit provider site ID assigned to your provider in the NDIIS<sup>2</sup>. If you don't know what this number is or aren't sure, you can contact the NDIIS team at [NDIIS@nd.gov](mailto:NDIIS@nd.gov).

ND Immunization Information System  
Track vaccine information needed to administer and verify timely immunizations.

Identify your state immunization provider number(s):

Add Provider

Provider Name  
provider name

ND State Immunization Number  
up to a 5 digit number

Security Type  
-Select-

6. Under *Security Type*, you can select either **View Immunizations** or **View/Enter/Edit Immunizations**.<sup>3 4</sup>
  - a. **View Immunizations** gives the user read-only access and will not allow them to enter or change any information in the NDIIS.
  - b. **View/Enter/Edit Immunizations** gives the user read/write access that will allow them to enter and change information in the NDIIS.

Security Type

-Select-

-Select-

View Immunizations

View/Enter/Edit Immunizations

7. If the user will need access to more than one provider site in the NDIIS, you can enter multiple provider sites at one time by clicking the **Add Provider** button.
  - a. The button will update to show how many providers you are adding to the request for access.

Identify your state immunization provider number(s):

Add Provider

Identify your state immunization provider number(s):

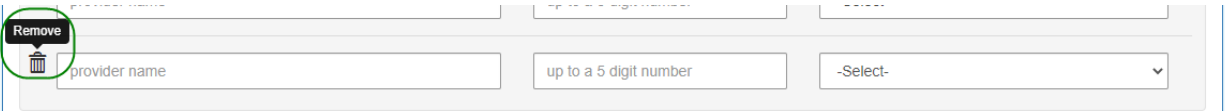
Add Provider 2

<sup>2</sup> The NDIIS Provider Site ID or Provider Pin Number is assigned to your site once your Provider Site Agreement has been completed. If you have not completed your site agreement, you can download the form at <http://www.ndhealth.gov/Immunize/NDIIS/>.

<sup>3</sup> NDIIS security type is also controlled by the type of provider assigned to your facility. Certain NDIIS provider types are allowed View only access regardless of what is selected in the form.

<sup>4</sup> Certain NDIIS provider types are also restricted to accessing records for patients within a certain age range. Users may not be able to see records for individuals of all ages.

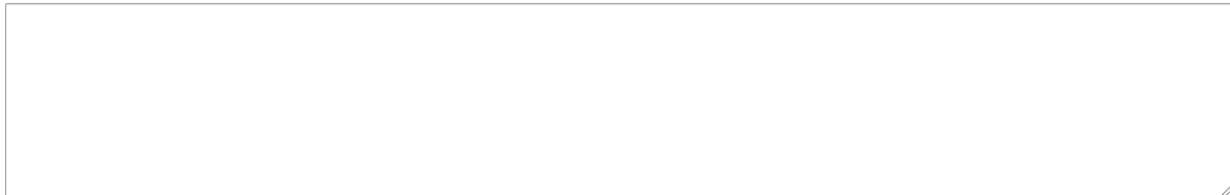
- b. If you pressed the button by mistake, you can click the checkbox next to the *Provider Name* field and it will remove the additional provider site.



A screenshot of a form interface. At the top, there are three tabs: 'Provider Name', 'Provider Signature', and 'Provider'. Below the tabs, there is a row of three input fields. The first field is labeled 'provider name' and has a small trash icon with the word 'Remove' above it. The second field is labeled 'up to a 5 digit number'. The third field is a dropdown menu with the text '-Select-' and a downward arrow.

8. There is a space to enter comments if you need to provide any additional information for the support team to be able to complete the user's request for access.

Comments



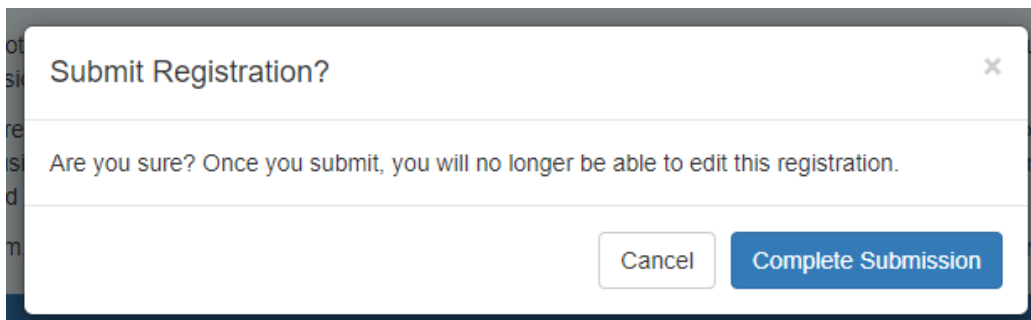
A large, empty rectangular text area for entering comments.

9. Once you have finished entering the provider information for all providers, click **Save**.  
10. You will be taken back to the main request form where you can either add additional users or submit the form as complete.

Add User

Submit Form

11. After submitting the form, you will be asked to confirm the submission by clicking the box to **Complete Registration**.



A confirmation dialog box titled 'Submit Registration?'. It contains the text 'Are you sure? Once you submit, you will no longer be able to edit this registration.' At the bottom, there are two buttons: 'Cancel' and 'Complete Submission'.

12. When the registration is complete, you can complete another registration, view the registration that was just submitted or close the browser window.

#### NDIIS Registration Submitted

[Create another NDIIS Registration](#)

#### View Submitted Registration

[Click here to view your submitted registration.](#)